

Montana Main Street Affiliate 2009 Program Application

Application Due August 25, 2009

Application Submitted by

Community

Date



Montana Main Street
Montana Department of Commerce
Business Resources Division
301 South Park Avenue
P.O. Box 200505
Helena, Montana 59620
Phone: 406-841-2756
Fax: 406-841-2728

2009 Affiliate Program Application

Community _____

A. Certification of Applicant Organization

The following represents a joint application for participation in the Main Street Program.

I hereby certify that the city of _____

submits, approves and endorses the submission of this application and that the facts and data contained therein are true and accurate.

(Signature of Mayor)

(Date)

I hereby certify that _____
(Name of non-profit organization OR applicant)

submits, approves, and endorses the submission of this application and that the facts and data contained therein are true and accurate.

(Signature of President)

(Date)

2009 Affiliate Program Application

Community_____

Contact Information

Please provide the following information:

1. Organization Name:
2. Organization Address:
3. Primary Contact:
4. Primary Phone #:
5. Primary Email:
6. Primary Fax:
7. Secondary Contact:
8. Secondary Phone #:
9. Secondary Email:
10. Secondary Fax:

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Briefly describe how your community developed over time, including information about its establishment, growth, and economic base. List significant changes to your community over the years, including major factors in its growth or decline.

Community_____

Briefly describe the economic and physical characteristics of your downtown or commercial district. Please include 3-5 photos of your downtown.

Community_____

Briefly describe the structure of your proposed organization (attach list(s) of Board or Committee members).

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Describe how you plan to fund the program and the results of your fund-raising efforts to date. (Affiliates don't need to raise more than \$1,000. The money can be used for marketing and advertising activities, travel to trainings, etc.)

Community_____

Briefly outline any efforts made to improve the downtown or commercial district over the past five years.

Community_____

Briefly describe what you hope to achieve by participating as a Montana Main Street Affiliate.